



# People & Practices Observations

- FM O&G     Self  
 Contractor

Date / Time:

Facility / Field:

Location of Observation:

- Safe Observation     At-Risk Behavior     Halt Work  
 Safety Suggestion     At-Risk Condition(s)     Other (Specify)

## Observation Type

### Behavior

- Safe Work**  
Additional Safety Measures Observed
- JSAs / Work Permits**  
Hazards Mitigated, Work Activities Understood
- Housekeeping**  
Potential Hazards / Good Work Practices
- PPE**  
Additional Measures / Items Overlooked
- Body Position / Condition**  
Lifting / Carrying / Climbing / Push-Pull
- Environmental**  
Additional Measures / Items Overlooked
- Slips / Trips / Falls**  
Hazards / Same Level / From Above
- Caught / Contact / Strike**  
In / On / Under / By / Between / Against
- Dropped Objects**  
Hazards Mitigated
- Other Item Not Listed Above**  
Explain in *Detail* on back

### Equipment / Operations

- Equipment Failure**  
Explain in *Detail* on back
- Regular Maintenance**  
Facility Conditions
- Operations**  
Why do we do this job this way?
- Tools / Equipment**  
Potential Hazards / Good Work Practices
- Confined Space**  
Potential Hazards / Good Work Practices
- Potential Release**  
Air / Water / Soil / Other
- Engineering Controls**  
Potential Hazards / Good Work Practices
- Corrosion**  
Describe Location in *Detail* on back
- Vehicle / Boat Operations**
- Non-Routine Operations**  
Activities that do not normally occur

Observer's Name (Optional):

FM O&G Supervisor (Required):

**Details:** Provide details and additional information for *Observation Types* noted.  
Write legibly. Provide photographs for additional detail when available.

**Description of Observation / Suggestion / Risk or Halt Work:**

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**Action(s) Taken / Suggested Mitigation or Resolution:**

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MAXIMO Work Order No.: \_\_\_\_\_

Person / Department Informed       Additional Action Required

Vehicle / Boat Operations       Closed \_\_\_\_\_  
Date